

**TEXAS DEPARTMENT OF LICENSING AND REGULATION**

P.O. Box 12157 - Austin, Texas 78711-2157

1-800-803-9202 - (512) 463-6599 - FAX (512) 475-2871

www.license.state.tx.us - CS.Air.Conditioning@license.state.tx.us

APPLICATION FOR:

AIR CONDITIONING & REFRIGERATION CONTRACTOR

PURSUANT TO OCCUPATIONS CODE, CHAPTER 1302, TITLE 8

Do Not Write in the Fee Area Immediately Below

RECEIPT NUMBER	PMT. AMOUNT	MONEY TYPE

DO NOT WRITE ABOVE THIS LINE**NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.**

IF ALL REQUIREMENTS FOR A LICENSE ARE NOT MET WITHIN TWELVE (12) MONTHS OF THE FILING DATE, THE APPLICATION WILL BE CLOSED.

1. Applicant's Full Name:

Last First Middle Initial Suffix (JR, SR, III)

2. Date of Birth: _____ - _____ - _____
Month Day Year

3. Gender ☐ Female ☐ Male

4. Applicant's Social Security No.:

_____ - _____ - _____

Note: Section 231.302 of the Texas Family Code REQUIRES all applicants to disclose their Social Security Number (SSN) when filing an application. The SSN that is provided is confidential and is required to enforce Child Support orders. Failure to provide the SSN will prevent a license from being issued and could ultimately lead to termination of the application.

5. Applicant's Mailing Address : (USED FOR ALL CORRESPONDENCE) (P.O. Box is allowed for this address.)_____
Number, Street, Suite No., Apt. No. or P.O. Box_____
City State Zip Code(_____) _____
Area Code Phone NumberFAX Number: (_____) _____
Area Code Phone Number

E-mail Address (johndoe@aol.com for example) See Note 1

NOTE: A person holding an air conditioning and refrigeration contractor license may assign that license to only one permanent office of one air conditioning and refrigeration contracting company.

* You may leave this area blank if you are not sure where you will be working after you pass the examination.

6. Business Information: Federal ID Number _____(Information regarding the Federal/Employer ID # may be obtained through this web page: <http://www.irs.gov/businesses>)_____
Business Name as it will appear on your license. NOTE: No more than 40 characters (space limitations).Physical location _____
(Business Address) Number, Street, Suite No., Apt. No. (P.O. Box is not allowed for this address.)_____
City State Zip Code (_____) _____
Area Code Phone Number**7. Have you ever been convicted of a criminal offense?** ☐ Yes ☐ No

(Include all felonies and misdemeanors other than minor traffic violations.)

If YES, attach a "Criminal History Questionnaire" to this application.

All forms may be found at www.license.state.tx.us/ac/acrforms.htm.**THIS FORM CONSISTS OF 4 PAGES.**

8. Have you ever had a business license, certification or registration suspended, revoked or denied in any state?

☐ YES ☐ NO If YES, submit a "Disciplinary Action Questionnaire" with this application.

CHECK EACH CLASS AND ENDORSEMENT FOR WHICH YOU ARE APPLYING

9. NOTE: The classes and endorsements for the Air Conditioning and/or Refrigeration license are explained on the instructions sheet and under the Frequently Asked Questions on the TDLR website at www.license.state.tx.us.

☐ CLASS A ENVIRONMENTAL AIR CONDITIONING

☐ CLASS B ENVIRONMENTAL AIR CONDITIONING

☐ CLASS A COMMERCIAL REFRIGERATION/PROCESS COOLING AND HEATING

☐ CLASS B COMMERCIAL REFRIGERATION/PROCESS COOLING AND HEATING

EMPLOYMENT HISTORY

10. The Employment History must be completed on this application. Your employment history should indicate at least 48 months (4 years) of practical experience in the preceding 72 months (6 years).

11. Attach an Experience Verification Form which indicates at least 48 months (4 years) of practical experience with the tools of the trade in the preceding 72 months (6 years) all of which must be under the supervision of a licensed air conditioning and refrigeration contractor.

Several forms may be attached. See Section 1302.255 (a) of the Air Conditioning and Refrigeration Contractors Law or the application instructions.

12. If you want to substitute education for experience, attach a diploma, transcript, or completion certificate from a certification program. (See Section 1302.255 of the Air Conditioning and Refrigeration Contractors Law or the application instructions for further information.)

13. If you are applying by **RECIPROCITY**, you must complete this application, submit a letter of good standing from the reciprocating state, a copy of your current license, and a completed certificate of insurance. Texas reciprocates with South Carolina and Georgia. Further information may be obtained on the application instructions or on the TDLR website at www.license.state.tx.us.

14. If you are using **military experience** or experience earned by working for a **governmental entity**, supporting documentation is required, such as a DD214 and/or a position description.

NOTICE REGARDING APPLICABLE FEES

15. If you submit an insufficient fee amount with this application, or submit an outdated application form, it may be returned to you. To verify the correct form version and required fees, consult the TDLR web site (www.license.state.tx.us) or contact TDLR using the information at the top of the first page.
The License Application Fee is \$115 and is NOT refundable.

STATEMENT OF APPLICANT

16. By signing this application I certify all information submitted on this and attached forms is true and accurate. I authorize TDLR to conduct any investigations of me which it deems prudent. I understand that the information revealed in an investigation may be cause for disapproval of the application even though other requirements for a license have been met. I understand that the contents of the qualifying examination are confidential and that revealing questions and answers to another applicant or to any person associated with a school or examination preparation course is grounds for disapproval of the application or revocation of my license. If I am asked to reveal the contents of an examination, I will not do so.

Signature of Applicant

Date Signed

**A certificate of insurance is required AFTER you pass your exam(s) and before you obtain your license.
(Further information may be obtained on the instructions sheet or on our website.)**

NOTE 1: The Department will add your address to the Air Conditioning Contractors email notification list, which automatically provides information from the Department on matters affecting Air Conditioning and Refrigeration. Your email address is confidential pursuant to the Texas Public Information Act and the Department will not share it with the public. See additional information at the following link: <http://www.license.state.tx.us/newsletters/TDLRnotificationLists.asp>.

NOTE 2: State law prohibits renewing a license more than once after a licensee has defaulted on a student loan guaranteed by the **Texas Guaranteed Student Loan Corporation (TGS LC)** unless the licensee has entered into a repayment agreement with TGS LC. YOU SHOULD CONTACT TGS LC BEFORE FILING THIS APPLICATION if you have defaulted on a student loan. An application or renewal may be rejected if this agency has received information from TGS LC that the applicant has defaulted on a student loan. The Texas Guaranteed Student Loan Corporation can be contacted at: **Texas Guaranteed Student Loan Corporation, P.O. Box 15996, Austin, Texas 78761-5996, Telephone: 1-800-222-6297.**

Applicant Name: _____ **Social Security #** _____ - _____ - _____

EMPLOYMENT HISTORY

PLEASE INDICATE BELOW YOUR AIR CONDITIONING AND/OR REFRIGERATION EMPLOYMENT HISTORY. ATTACH ADDITIONAL SHEETS IF NECESSARY. YOUR HISTORY SHOULD COVER AT LEAST 48 MONTHS (4 years) WITHIN THE LAST 72 MONTHS (6 years) OF YOUR EMPLOYMENT.

For each employment period, you must provide either a letter from the supervising air conditioning contractor who supervised your experience, or a completed experience verification form.

NOTE: TO AVOID DELAY IN PROCESSING YOUR APPLICATION, THE FOLLOWING SECTIONS MUST BE COMPLETED.

Employer:	Employer's Telephone No. ()
Address:	City and State/Zip:
A/C Supervising Contractor's Name and License Number:	Starting Date: Leaving Date:
Employer:	Employer's Telephone No. ()
Address:	City and State/Zip:
A/C Supervising Contractor's Name and License Number:	Starting Date: Leaving Date:
Employer:	Employer's Telephone No. ()
Address:	City and State/Zip:
A/C Supervising Contractor's Name and License Number:	Starting Date: Leaving Date:
Employer:	Employer's Telephone No. ()
Address:	City and State/Zip:
A/C Supervising Contractor's Name and License Number:	Starting Date: Leaving Date:
Employer:	Employer's Telephone No. ()
Address:	City and State/Zip:
A/C Supervising Contractor's Name and License Number:	Starting Date: Leaving Date:

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TEXAS AIR CONDITIONING CONTRACTORS EXPERIENCE VERIFICATION FORM

Complete this form only if you are qualified to verify air conditioning and/or refrigeration experience for the applicant.

This form must not be completed by the applicant.

This is to certify that _____
Applicant's full name Applicant's Social Security Number
performed the services under my license and direct supervision as described below.

Start date of applicant's employment: _____ End date of applicant's employment : _____

Name of Business _____

Supervisor's Name _____ Supervisor's License Number _____

CHECK ALL THAT APPLY

New installation ☐

Replacement ☐

Air Handler ☐

Controls ☐

Process Piping ☐

Chiller ☐

Duct Work ☐

Refrigerant and Drain Piping ☐

Cooling Coil ☐

Evaporator ☐

Refrigerant and Process Piping ☐

Cooling Tower ☐

Gas Furnace ☐

Troubleshooting ☐

Condenser ☐

Ice Makers ☐

Walk-in Coolers/Freezers ☐

OTHER (describe in full detail):

TEXAS LICENSED EMPLOYER STATEMENT: As a licensee of The Texas Department of Licensing and Regulation, I have only verified actual experience (number of hours and duties) that this applicant received while working under my license and direct supervision. I understand that I may be subject to disciplinary action up to and including revocation of my license if I verify experience other than that which was performed while the applicant was working under my license and direct supervision.

BY SIGNING THIS FORM, I CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT.

Signature of Verifying Person

Printed Name of Verifying Person

Date

You can make copies of this form and attach them to the application if needed.